

State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

BRANCH OFFICE APPLICATION INFORMATION

General Instructions

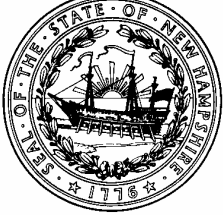
Business locations of a New Hampshire Banking Department licensed company that are located in New Hampshire must be licensed as branches of the main business. This form is intended to be used only by companies that have a current principal office license as a mortgage broker or mortgage banker, sales finance company, retail seller, small loan lender, or debt adjuster, and who want to add a branch office in New Hampshire.

Please make sure the following are included with the application:

1. Correct branch office fee:

Mortgage Banker	\$500
Mortgage Broker	\$500
Sales Finance Company	\$100
Retail Seller	\$ 30
Small Loan Lender	\$450
Debt Adjuster	\$100

1. You may use this form to add a single NH branch office location. A separate form must be used for each branch office location to be added/opened. The form can only apply to a single branch address.
2. Do not use this form to change information (including moving, closure or change in branch office manager information) about a currently licensed branch. You will need to notify us in writing of any amendments.
3. Mortgage bankers and mortgage brokers must submit a list of all persons working from or supervised by this new branch office who will originate mortgages for them. There is a form included in this application, but you may omit that form if you file the report of originators electronically instead. Please visit our website at www.nh.gov/banking/consumer.html for the electronic link.
4. If the new branch is to be operated under a trade name, the licensee responsible for the branch office and its operations must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the "Licensee". If these are not the same, ownership must be changed through the Secretary of State's office.
5. The name, business address, residence address and title of the New Hampshire branch manager of this location must be included with the application and personal, financial and background disclosure statements and criminal investigation authorization forms must be included for each person on the list. Retail sellers only need to submit the criminal record form and NHBD Authorization/Release form.
6. The branch manager's fingerprints must be submitted in order to complete a criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us to request the fingerprint card and we will send one right out. Take the card to your local police station.
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit the *Criminal History Record Information Authorization Form*, the fingerprint card and the fee in the amount of \$39 in a check made payable to the "State of NH – Criminal Records." for the branch manager. We will forward the documents and check to the Department of Safety.
9. Please note that this form and procedure do not take the place of the Banking Department's Authorization/Release Form which still must be submitted for the branch manager and which enables us to access the other information we need to act on your company's branch application.
10. The person named in the company's main application as the "Principal Licensing Contact" must make the affirmation and sign the application, under penalty of Unsworn Falsification pursuant to NH RSA 641:3, on behalf of the company. If you are unsure who has been named as the "Principal License Contact", please call the Licensing Section of the department at 603-271-8675.



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FORM BR

APPLICATION FOR BRANCH OFFICE LICENSE

Application Fees for Branch

Current license type held by the licensee,
check ONE:

<u>Type</u>	<u>Fee</u>	<u>Current NH Principal Office License Number</u>
<input type="checkbox"/> Mortgage Banker	\$500	_____
<input type="checkbox"/> Mortgage Broker	\$500	_____
<input type="checkbox"/> Sales Finance Company	\$100	_____
<input type="checkbox"/> Retail Seller	\$ 30	_____
<input type="checkbox"/> Small Loan Lender	\$450	_____
<input type="checkbox"/> Debt Adjuster	\$100	_____

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete _____ Date _____

Approved By _____ Date _____

Pr. Lic. # _____ Date Mailed _____

Make Check(s) Payable To: "STATE OF NEW HAMPSHIRE"

Complete all items and sign the affirmation.

Date of this filing: _____, 200__

NAME AND IDENTIFICATION OF LICENSEE

1. Legal name of licensee: _____ Federal Tax ID# _____

Is the licensee adding a trade name for this branch license application? _____ ("yes" or "no"; if "yes", state the trade name and attach copy of trade name registration issued by NH Secretary of State. The trade name provided below must match the trade name registration issued by NH Secretary of State)

Trade Name _____

INFORMATION ABOUT THE BRANCH OFFICE BEING ADDED BY THIS APPLICATION

2. Address of branch office being added/opened:

(Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

Communications _____
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

3. Date Office Opened or is Scheduled to Open _____
4. Branch Manager's Name _____
5. Has the above named branch manager ever been convicted of a misdemeanor or felony? Yes _____ No _____ If "yes", furnish complete details, including dates, location, docket number, nature of crime, penalties, etc. on a separate sheet.

MORTGAGE ORIGINATORS (Skip No. 18 if not a Mortgage Company)

18. YOU DO NOT NEED TO MANUALLY COMPLETE THIS FORM IF YOU INSTEAD FILE THE REPORT OF ORIGINATORS ELECTRONICALLY. Please see our website at www.nh.gov/banking for the electronic format. Otherwise, fill out the form below to provide a list of all individuals located or to be located at this branch office, who will originate, make or broker New Hampshire mortgage loans for the company. Include each person's first name, last name, middle initial and any suffix, business address, last 4 digits of the originator's Social Security Number and business telephone number; attach an additional sheet if necessary:

Full name of originator	Business address/Zip of Originator	Last 4 digits of Social Security Number	Telephone no. of Originator	Start Date	End Date

**THE PERSON NAMED BY THE COMPANY AS ITS PRINCIPAL LICENSING CONTACT MUST MAKE
THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN
FALSIFICATION, RSA 641:3.**

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the applicant's licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

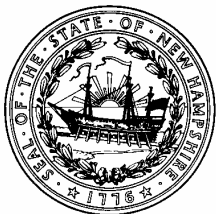
Date: _____

For _____
(Print or type Applicant's or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____



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AUTHORIZATION/RELEASE FORM **NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT** **ADJUSTER**

INSTRUCTIONS: Please complete a separate form for each: **1.** owner (10% or more), **2.** director, **3.** partner, **4.** member, **5.** trustee or **6.** beneficiary (10% or more), **7.** officer, **8.** manager (Sr VP & higher), and **9.** NH branch manager of the applicant. Please type. This form may be duplicated. An applicant that is a publicly-traded company may submit copies of the publicly-traded company's most recently filed U.S. Securities and Exchange Commission Forms 10-K and 10-Q in lieu of this authorization, except that the authorization must be completed for each NH branch manager.

Submitted in connection with an application made for a non-depository banker, broker, mortgage servicing company, small loan lender, debt adjuster, retail seller and/or sales finance company license or registration pursuant to RSA 397-A, 397-B, 399-A, 399-D and/or 361-A by:

(Name of Licensee, Registrant or Applicant)

(Name of Officer, Owner, Director, Manager, Branch Manager, Partner, Trustee, Member)

I hereby authorize the State of New Hampshire Banking Department to request and receive credit reports, tax records; local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

(Type name)

(Date of Birth)

(Signature)

(Date)

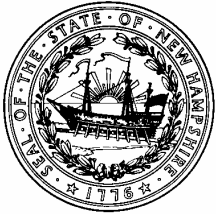
(Number and Street Address)

(Title)

(City and State of Residence)

(Social Security Number)

(Zip Code)



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CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. The \$39 fee may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$39, or any multiple of \$39 (2 cards \$78, 3 cards \$117, etc. They will not accept 2 checks such as one for \$15 and an additional check for \$24). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."
3. You will need to submit fingerprints in order to complete the criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$39, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 – B:4; 399-A:1 – A:3; 399-D:2 – D:5

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BANKING DEPARTMENT

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **64B OLD SUNCOOK ROAD** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

PETER C. HILDRETH, COMMISSIONER

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

DATE _____

NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.

☐ Applicant fingerprint card attached.



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PERSONAL BACKGROUND and FINANCIAL DISCLOSURE STATEMENT **NON-DEPOSITORY LENDER/BROKER OR DEBT ADJUSTER (Retail Sellers do not have to complete this form)**

INSTRUCTIONS:

- This form must be completed by each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
- This form is required of new applicants and of existing licensees to amend information on file with the Department when the licensee adds individual owners/investors/beneficiaries of 10% or more and principal, officers, managers (senior vice president or higher), LLC members, partners in a partnership, directors, trustees, and NH branch managers.
- Please type or print. Complete all items. Attach additional sheets as necessary or indicated. This form may be duplicated if additional copies are required.

Date _____

NAME OF APPLICANT/ LICENSEE: _____

EIN: _____

LICENSE TYPE: _____

1. IDENTIFYING INFORMATION:

Name of (Owner, Officer, Director, Manager, Trustee, Partner, Member, Branch Manager, Other – circle those that apply)

(Name)

Street _____ Apt. _____
(Home street address: do not use P.O. Box address; do not use business address)

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Other names by which you have ever been known:

Date of Birth _____ Social Security # _____

Place of Birth _____
(City) (State)

Drivers License # _____ State _____

2. EDUCATION:

Indicate highest grade completed: _____ Name and address of last institution attended:

Degrees Received and Dates:

List other relevant education on a separate sheet.

3. PERSONAL BALANCE SHEET:

<u>ASSETS</u>		<u>LIABILITIES</u>	
a) Cash on hand and in banks	\$ _____	i) Accounts payable	\$ _____
b) Notes, loans and other accounts receivable considered active and collectible	\$ _____	j) Notes payable to banks	\$ _____
c) Marketable securities (Attach schedule w/details)	\$ _____	k) Notes payable to others	\$ _____
d) Real Estate (Attach schedule with details)	\$ _____	l) Real Estate Mortgages	\$ _____
e) Automobiles	\$ _____	m) Interest and taxes due and unpaid	\$ _____
f) Net worth of business (Attach most recent financial statement)	\$ _____	n) Other debts & liabilities	\$ _____
g) Life insurance cash surrender value	\$ _____	TOTAL LIABILITIES (B)	\$ _____
h) Other assets (Attach schedule with details)	\$ _____	TOTAL NET WORTH (C)	\$ _____ (A minus B)
TOTAL ASSETS (A)	\$ _____	TOTAL LIABILITIES AND NET WORTH	\$ _____ (B plus C)

Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$_____.

4. INVESTMENT IN APPLICANT:

A. Amount to be invested, or currently invested, in the business is \$_____, which will represent _____% of the business.

B. Does any amount stated in item 4-A. above represent a loan from you to the license applicant? Yes _____ No _____
If Yes, attach copy of promissory note.

C. Investment set forth in item 4-A. above will be, or has been, financed in the following manner:

5. FINANCIAL HISTORY:

- A. Have you been an owner of 10% or more of any business entity that has filed for bankruptcy protection?
- B. Have you ever filed for personal bankruptcy protection? _____
- C. If yes, supply particulars, including date, name and location of court, and docket number:

6. CONTINGENT LIABILITIES:

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows (attach an additional sheet if necessary):

Name & Current Address/Zip of Debtor/Obligor	Name & Current Address/Zip of Creditor/Obligee	Description of Collateral	Amount Due / Outstanding	Value of Collateral	Date the Obligation was Incurred

7. STATEMENT OF PERSONAL INCOME:

	Current Year
Salaries, wages and commissions from employment	\$ _____
Personal income from dividends and interest	\$ _____
Net personal income from rents, royalties and investments	\$ _____
Other personal income (Source: _____)	\$ _____
TOTAL INCOME	\$ _____
ANNUAL PERSONAL EXPENSES	\$ _____
NET INCOME	\$ _____

8. EMPLOYMENT: Attach a separate sheet listing your work history, beginning with your current employment, and all businesses with which you have been involved, and/or all periods of unemployment for the last 10 years. Include all corporations, partnerships or any other business ventures in which you had an investment or interest of 10% or more, or with which you have been associated as an officer, director, or in a capacity influencing policy or management. Also include dates of association, job title, name and address of the business/employer, description of your duties/responsibilities, name of immediate supervisor and reasons for leaving.

9. LENDING HISTORY:

A. Have you ever been issued a license for lending or loan brokering by any other state, and have you or are you currently licensed to lend or broker loans in any other state? _____ If yes, attach a separate sheet setting forth the license number(s), name of the state licensing authority and dates during which such lending or brokering license was held.

B. Have you ever had a lending or brokering license revoked, suspended or denied, or been subject to any other disciplinary proceedings by this or any other state licensing authority? _____ If yes, attach a separate sheet which indicates the dates, licensing authority, and reason(s) for revocation, suspension, denial or disciplinary proceeding.

10. GENERAL CHARACTER: Have you ever been convicted of any misdemeanor or felony or other offense involving breach of trust, theft, forgery, deception, false advertising, false statements, fraudulent or dishonest dealing, or similar offense, or had a final judgment entered against you in a civil action upon grounds of fraud, misrepresentation, deceit or similar reason? _____ If yes, list on a separate sheet the type of offense or judgment, the name and address of the court before which the case was heard, docket #, the date of the conviction or judgment and the sentence, penalty or award ordered.

11. OTHER INFORMATION: Indicate any other items of personal history considered relevant by you.

AFFIRMATION:

I hereby subscribe and affirm that the foregoing statements, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, accurate and complete. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Signature

Date

Title